

against this deadly enemy. As Americans, we have a strong history, through science and innovation, of detecting, conquering and defeating many illnesses. We must and we will continue to fight cancer until the battle is won.

I urge my colleagues to support this resolution.

Mr. HIGGINS. Madam Speaker, I rise today in support of H. Con. Res. 210, a resolution to support the National Cancer Institute, NCI, in its goal of eliminating death and suffering due to cancer by 2015. We can and we must make the 2015 goal a priority, but we cannot do that if we continue to cut and underfund the very researchers working to make it a reality.

Thanks to research, great progress has been made against cancer in the last three decades. In 1976, half of all cancer patients survived more than 5 years after diagnosis. Today, closer to two-thirds or 63 percent of adults and 85 percent of children are alive 5 years after they learn they have cancer. Let's build on that progress.

Since cancer is more common among older Americans and the American population is aging, by the year 2050 the number of new cancer cases in America could more than double, with estimates as high as 2.46 million new cases annually. Cancers cost the United States an estimated \$210 billion in 2005. This amount included \$74 billion in direct medical costs and nearly \$136 billion in lost productivity. And advances in biomedical research benefit not only cancer treatment, but provide information on molecular and genetic processes that will aid in a better understanding in the underlying causes of virtually all diseases.

NCI, part of the National Institutes of Health, is the Federal Government's principal agency for cancer research and training. The NCI has a goal of eliminating all suffering and death due to cancer by the year 2015. I believe that eliminating suffering and death due to cancer by the year 2015 should be America's goal.

Madam Speaker, when the House leadership finally schedules a vote on the Labor, Health, and Human Services Appropriations bill for Fiscal Year 2007, LHHS, I intend to sponsor an amendment that fully funds NCI. The President's proposed 2007 Budget cuts funding to NCI by over \$39.7 million and the LHHS bill as written currently includes the same underfunding. The Higgins Amendment to LHHS will restore \$240 million in funding to NCI, bringing its total to \$5,033,000,000.

Additionally, I will support projects that advance the mission of the Roswell Park Cancer Institute and other local cancer research, treatment, and advocacy projects. Western New York is home to Roswell Park Cancer Institute, a premier cancer research and treatment facility and one of Western New York's top 20 employers. The research done at Roswell has the potential to blow the research field open—and the care provided there to patients cannot be matched.

Finally, I intend to support expanding programs that detect cancer early and help Americans get treatment. These programs significantly reduce the cost to our nation's health-care system by treating people early. There are proven programs like the Breast and Cervical Early Detection Program, which help underserved communities get diagnosed and treated early. Because of underfunding these programs cannot reach all the people who need them.

Mr. DEAL of Georgia. Madam Speaker, I am pleased that we are here today uniting be-

hind this bill and this goal, but we can and we must do much more than pay lip service to meeting the 2015 deadline. Let's take this opportunity to come together and eradicate cancer by fully funding NCI, by supporting local centers, and by reauthorizing and funding the very programs that reach the men, women, and children who need them most and can least afford them.

Mr. DEAL of Georgia. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 210, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SHAW. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

#### SUPPORTING THE GOALS AND IDEALS OF NATIONAL PERIPHERAL ARTERIAL DISEASE AWARENESS WEEK

Mr. DEAL of Georgia. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 982) supporting the goals and ideals of National Peripheral Arterial Disease Awareness Week.

The Clerk read as follows:

##### H. RES. 982

Whereas peripheral arterial disease is a vascular disease that occurs when narrowed arteries reduce the blood flow to the limbs;

Whereas peripheral arterial disease is a significant vascular disease that can be as serious as a heart attack or stroke;

Whereas peripheral arterial disease affects approximately 8,000,000 to 12,000,000 Americans;

Whereas patients with peripheral arterial disease are at increased risk of heart attack and stroke and are 6 times more likely to die within 10 years than are patients without peripheral arterial disease;

Whereas the survival rate for individuals with peripheral arterial disease is worse than the outcome for many common cancers;

Whereas peripheral arterial disease is a leading cause of lower limb amputation in the United States;

Whereas many patients with peripheral arterial disease have walking impairment that leads to a diminished quality of life and functional capacity;

Whereas a majority of patients with peripheral arterial disease are asymptomatic and less than half of individuals with peripheral arterial disease are aware of their diagnoses;

Whereas African-American ethnicity is a strong and independent risk factor for peripheral arterial disease, and yet this fact is not well known to those at risk;

Whereas effective treatments are available for people with peripheral arterial disease to reduce heart attacks, strokes, and amputations and to improve quality of life;

Whereas many patients with peripheral arterial disease are still untreated with proven therapies;

Whereas there is a need for comprehensive educational efforts designed to increase awareness of peripheral arterial disease among medical professionals and the greater public in order to promote early detection and proper treatment of this disease to improve quality of life, prevent heart attacks and strokes, and save lives and limbs; and

Whereas September 18 through September 22, 2006, would be an appropriate week to observe National Peripheral Arterial Disease Awareness Week: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) supports the goals and ideals of National Peripheral Arterial Disease Awareness Week;

(2) supports efforts to educate people about peripheral arterial disease;

(3) acknowledges the critical importance of peripheral arterial disease awareness to improve national cardiovascular health;

(4) supports raising awareness of the consequences of undiagnosed and untreated peripheral arterial disease and the need to seek appropriate care as a serious public health issue; and

(5) calls upon the people of the United States to observe the week with appropriate programs and activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

##### GENERAL LEAVE

Mr. DEAL of Georgia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on this legislation and to insert extraneous material on the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of House Resolution 982, a resolution supporting the goals and ideals of National Peripheral Arterial Disease Awareness Week.

While not as well known as many other vascular diseases, peripheral artery disease is a serious illness that affects millions of Americans. It occurs when narrowed arteries reduce blood flow to the limbs. The disease increases the risk of heart attack and stroke and is also a leading cause of lower limb amputation in the United States. But perhaps the most alarming statistic of all is that most people who suffer from peripheral arterial disease have no symptoms and do not know that they have the disease.

This resolution, with the goal of raising awareness of this deadly disease and its warning signs, was authored by my friend and colleague on the Energy and Commerce Committee's Subcommittee on Health, Mrs. CAPPS of California. I would like to thank Mrs.

CAPPS and her staff for their leadership and work on this important resolution. I look forward to hearing more about the disease and its impact on our Nation's cardiovascular health.

I urge my colleagues to support the resolution.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I support House Resolution 982, sponsored by my colleague Congresswoman CAPPS from California.

Madam Speaker, peripheral arterial disease is a serious ailment that affects millions of Americans. This resolution will help to draw attention to this problem by recognizing September 18 through 22 as Peripheral Arterial Disease Awareness Week, and it is my hope that this recognition, along with educational efforts on the part of the research and medical communities, will help make this a problem we can overcome.

There are more than 8 million people in the U.S., one in 20 adults, that have peripheral arterial disease. This is a vascular disease that results in the narrowing of arteries and decreased blood flow to the limbs. It could lead to leg pain disability and even amputation. And, sadly, the disease often goes unrecognized because the symptoms include common symptoms of old age, such as fatigue, heaviness, pain and cramping in the leg muscles when walking.

In addition, Madam Speaker, this disease increases the risk of heart attack and stroke in people, making it six times more likely they will die within 10 years when compared with those who do not have peripheral arterial disease. Those at most risk for peripheral arterial disease are people over the age of 50, those who smoke, have diabetes, high blood pressure, abnormal cholesterol, or have a history of heart disease or stroke. In addition, African Americans have a greater risk of getting peripheral arterial disease.

Because of the serious consequences of this disease that affects both women and men and can strike adults of any age, it is important for Congress to support public awareness activities on peripheral arterial disease. Recognizing September 18–22 of this year as National Peripheral Arterial Disease Awareness Week will help bring this deadly disease out of the shadows. And, Madam Speaker, as a part of this week of recognition, we need to encourage outreach activities to educate people about peripheral arterial disease. The public must understand that it is a serious public health issue; and given our awareness of these high-risk populations, education and early intervention could greatly benefit and decrease the incidents of peripheral arterial disease and improve the quality of life.

Once again, I would indicate our support of this resolution.

Mrs. CAPPS. Madam Speaker, I rise in strong support of H. Res. 982, to support the goals and ideals of National Peripheral Arterial Disease Awareness Week. I was proud to introduce this bill with my colleague and fellow co-chair of the Congressional Heart and Stroke Coalition, Representative FOLEY.

More than 8 million Americans, that is 1 in 20 adults, have peripheral arterial disease (PAD).

Yet this condition is largely unrecognized and often goes undiagnosed because most people do not have any recognizable symptoms.

PAD occurs when arteries in the legs become narrowed or clogged, resulting in reduced blood flow to the legs.

A diagnosis of PAD is indication that a patient is likely to have narrowed arteries to the heart and brain as well and is a powerful warning sign of existing cardiovascular disease.

However, without early detection and proper treatment, 1 in 4 people who suffer from PAD will also suffer a heart attack, stroke, amputation or even death within the next 5 years.

It is evident that greater awareness about PAD and better detection capabilities will not only improve the quality of life for those who suffer from it, but can actually save their lives.

During National Peripheral Arterial Disease Awareness Week, efforts are increased to make physicians and the public at-large more cognizant of their risks for PAD, the symptoms, and the importance of early treatment.

During this week, we can assist by highlighting those who have high risk factors for PAD: over age 50, African Americans, smokers and those with high blood pressure, diabetes, abnormal cholesterol, a personal history of heart disease or stroke.

I urge my colleagues to vote in favor of this resolution and encourage them to learn more about Peripheral Arterial Disease and how it may affect them.

Mr. PALLONE. Madam Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 982.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

#### SUPPORTING THE GOALS AND IDEALS OF OBSERVING THE YEAR OF POLIO AWARENESS

Mr. DEAL of Georgia. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 526) supporting the goals and ideals of observing the Year of Polio Awareness, as amended.

The Clerk read as follows:

H. RES. 526

Whereas 2005 was the 50th anniversary of the injectable killed polio vaccine;

Whereas the polio vaccines eliminated naturally occurring polio cases in the United

States but have not yet eliminated polio in other parts of the world;

Whereas as few as 57 percent of American children receive all doses of necessary vaccines during childhood, including the polio vaccine;

Whereas the Centers for Disease Control and Prevention recommends that every child in the United States receive all doses of the inactivated polio vaccine;

Whereas the success of the polio vaccines has caused people to forget the 1,630,000 Americans born before the development of the vaccines who had polio during the epidemics in the middle of the 20th century;

Whereas at least 70 percent of paralytic polio survivors and 40 percent of nonparalytic polio survivors are developing post-polio sequelae, which are unexpected and often disabling symptoms that occur about 35 years after the poliovirus attack, including overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold pain, and difficulty swallowing and breathing;

Whereas 2006 is the 132nd anniversary of the diagnosis of the first case of post-polio sequelae and is the 21st anniversary of the creation of the International Post-Polio Task Force;

Whereas research and clinical work by members of the International Post-Polio Task Force have discovered that post-polio sequelae can be treated, and even prevented, if polio survivors are taught to conserve energy and use assistive devices to stop damaging and killing the reduced number of overworked, poliovirus-damaged neurons in the spinal cord and brain that survived the polio attack;

Whereas many medical professionals, and polio survivors, do not know of the existence of post-polio sequelae, or of the available treatments;

Whereas the mission of the International Post-Polio Task Force includes educating medical professionals and the world's 20,000,000 polio survivors about post-polio sequelae through the international Post-Polio Letter Campaign, The Post-Polio Institute at New Jersey's Englewood Hospital and Medical Center, the publication of The Polio Paradox, and the television public service announcement provided by the National Broadcasting Company; and

Whereas it would be appropriate to observe the year beginning October 1, 2006, as the Year of Polio Awareness: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) recognizes the need for every child, in America and throughout the world, to be vaccinated against polio;

(2) recognizes the 1,630,000 Americans who survived polio, their new battle with post-polio sequelae, and the need for education and appropriate medical care;

(3) requests that all appropriate Federal departments and agencies take steps to educate—

(A) the people of the United States about the need for polio vaccination; and

(B) polio survivors and medical professionals in the United States about the cause and treatment of post-polio sequelae; and

(4) supports the goals and ideals of observing the Year of Polio Awareness to promote vaccination and post-polio sequelae education and treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.